

APR 05 2004

OFFICIAL

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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: April 5, 2004

TO: Examiner: Jerry E. Redman : **RE: U.S. Patent Application**
Art Unit: 3634 : **Serial No.:** 09/682,423
Fax: 703-872-9306 : **Applicant:** Kiesler et al.
From: Thomas M. Fisher : **Atty. Dkt. No.:** 9D-DW-19892

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment to the Office Action dated February 17, 2004 (12 pgs.)

Amendment Transmittal (3 pgs.)

Certificate of Transmission via Facsimile (1 pg.)

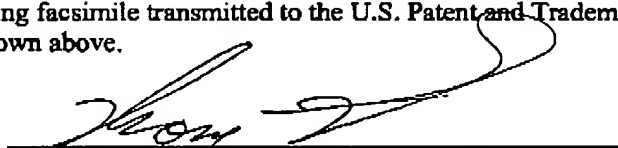
Total pages including cover page: 16

If all pages are not received, please contact: Laura Davis at Ext. 7447

RE: The above referenced U.S. Patent Application
Title: DISHWASHER BOTTOM DOOR SEAL
Filed: August 31, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number 703-872-9306 on the date shown above.


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-DW 19892

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kiesler et al. :
: Art Unit: 3634
Serial No.: 09/682,423 :
: Examiner: Redman, Jerry E.
Filed: August 31, 2001 :
:
For: DISHWASHER BOTTOM :
DOOR SEAL :

Mail Stop: NON-FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
- Amendment in response to Office Action dated February 17, 2004 (12 pgs.)
 - Amendment Transmittal (3 pgs.)
 - Certificate of Transmission via Facsimile (1 pg.)

STATUS

2. Applicant
X claims small entity status.
is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION**CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS****FACSIMILE**

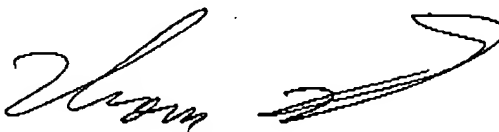
Express Mail No.:

Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to: Mail Stop: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: April 5, 2004

X transmitted by facsimile to the Patent and Trademark Office
Via Facsimile: (703) 872-9306



Thomas M. Fisher
Reg No.: 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 5.00
_____ second month	\$ 420.00	\$ 210.00
_____ third month	\$ 950.00	\$ 475.00
_____ fourth month	\$1,480.00	\$ 740.00
_____ fifth month	\$2,010.00	\$1,005.00

Fee: \$0.00

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$0.00

OR

- (b) X _____ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	18	MINUS	20	=0	x \$9 = \$		x \$18 = \$0
INDEP.	4	MINUS	4	=0	x \$43 = \$		x \$86 = \$0
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$145 = \$		+ \$290 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$0.00

- (a) X No additional fee for Claims is required

OR

- (b) _____ Total additional fee for claims required _____

FEE PAYMENT


5. _____ Attached is a check in the sum of \$_____
- _____ Charge Deposit Account No. 01-2384 the sum of \$_____.
- A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. _____ Other:


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